2001 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2001 8:00 am **DOCUMENT # J16185 Secretary of State** 1. Entity Name CBC, INC. 03-02-2001 90035 019 ***150.00 Principal Place of Business Mailing Address 7 W RUBBERTREE DR 7 W RUBBERTREE DR LAKE WORTH FL 33467-4840 LAKE WORTH FL 33467-4840 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2686800 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARELL, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 1601 FORUM PL. WEST PALM BEACH FL 33401 Zip Çode F 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Sée criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Delete Change ☐ Addition TITLE TITLE HOFFART, BRUCE L. NAME NAME STREET ADDRESS STREET ADDRESS 7 RUBBER TREE DRIVE CITY-ST-71P CITY-ST-7IP LAKE WORTH FL 33467-4840 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ___ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with allyother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF DINNED NAME OF SIGNING OFFICER OR DIRECTOR

fort Feb 27,20

561-662-4578 Daytime Phone #

FILED